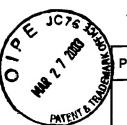


PTO/SB/22 (10-00) hthrough 10/31/2002. OMB 0651-0031 J.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

In re Application of MOREN



## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) 07574.0063.PCUS00

|   | Application Numbe  | r 09/681,596  | Filed 05/03/2001          |
|---|--|---|---------------------------|
|   | For METHOD ANI   |   | /ENTILATION OF GASES IN A |
|   | Group Art Unit<br>3747   | Examiner<br>MILLER, C.  |                           |
| This is a request under the provisi response in the above identified a  |  | a) to extend the p  | eriod for filing a        |
| The requested extension and app (check time period desired):  |  | ity fee are as follo  | ows                       |
|   |  |   | \$ <u>110.00</u>          |
| Two months (37 CFR 1.17(a)(2))  |  |   | \$                        |
| ☐ Three months (37 CFR 1.17(a)(3))  |  |   | \$                        |
| Four months (37 CFR 1.17(a)(4))   |  |   | \$                        |
|   | Five months (37 CFR 1.17(a)(5))  |   | \$                        |
| Applicant claims small ent  |  | R 1 27 Therefore  |                           |
| □ Payment by credit card. F □ The Commissioner has all application to a Deposit Act or credit any overpayment I have enclosed a duplication to a papilicant/inventor. □ assignee of record of the commissioner is here. | ready been authorized ccount. by authorized to char at, to Deposit Account ate copy of this sheet. | l to charge fees in<br>ge any fees which<br>Number <u>08-3038</u> | n may be required,        |
| Statement under 37  | CFR 3.73(b) is enclos  | sed. (Form PTO/S  | SB/96). APR 0 2 2003      |
| attorney or agent of record.  |  |   | TECHNOLOGY CENTER         |
| attorney or agent unde  | r3/ OPR 1.34(a).   |   |                           |
| Registration number if a  | acting under 37 CFR 1.34(a)  | )·  |                           |
| WARNING: Information on this be included on this form. Prov   |  |   |                           |
| 03/27/2003  | _  | 1   | antime                    |
| Date  |  |   | <b>\$)</b> gnature        |
|   |  |   | Tracy W. Druce            |
|   |  |   | Tracy VV. Druce           |
|   |  | Т   | yped or printed name      |
| TE: Signatures of all the inventors or assign   |  |   | yped or printed name      |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.